FORM DP-145-ES

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION **ESTIMATED LEGACY & SUCCESSION TAX** INSTRUCTIONS

WHEN	An estimate payment of the tax due may be made prior to 9 months from the date of death, even if the tax return is under Federal Extension. 100% of the tax due must be paid on or before 9 months from the date of death regardless of whether estimated payments are made.
WHERE	New Hampshire Department of Revenue Administration, PO Box 637, Concord, NH 03302-0637
NEED HELP	Call the New Hampshire Department of Revenue Administration, Audit Division (603) 271-2580. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

			- (cut along this line)				
FORM DP-145-ES 152	NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION ESTIMATED LEGACY & SUCCESSION TAX						
PAYMENT FORM	Please Type or Print				FOR DR	FOR DRA USE ONLY	
Due: On or Before Nine Months From Date of Death	ESTATE OF:	LAST NAME	FIRST NAME	MIDDLE INITIAL	DECEDENT'S SSN	DATE OF DEATH	
FOR DRA USE ONLY	DOMICILE AT DATE OF DEATH:	ADDRESS	CITY/TOWN	STATE COUNTY	PROBATE NUMBER		
	NAME OF EXECUTOR/ADMINIST	RATOR: LAST NAME	FIRST NAME	RST NAME MIDDLE INITIAL EXECUTOR/ADMINISTRATOR SSN OR FEIN			
	EXECUTOR/ADMINISTRATOR:	ADDRESS	CITY/TO\	VN	STATE Z	IP CODE	
	NH DEPT OF REVENUE ADMINISTRATION MAIL DOCUMENT PROCESSING DIVISION TO: PO BOX 637 CONCORD NH 03302-0637			Amount of This Payment \$ Make checks payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate. DP-145-ES Rev. 11/00			
FORM DP-145-ES 152		AMPSHIRE DEPARTN		E ADMINISTRATION			
PAYMENT FORM	Please Type or Print				FOR DR	A USE ONLY	
Due: On or Before Nine Months From Date of Death	ESTATE OF:	LAST NAME	FIRST NAME	MIDDLE INITIAL	DECEDENT'S SSN	DATE OF DEATH	
FOR DRA USE ONLY	DOMICILE AT DATE OF DEATH:	ADDRESS	CITY/TOWN	STATE COUNTY	PROBATE NUMBER		
	NAME OF EXECUTOR/ADMINIST	RATOR: LAST NAME	FIRST NAME	MIDDLE INITIAL	EXECUTOR/ADMINISTRATOR	R SSN OR FEIN	
	EXECUTOR/ADMINISTRATOR:	ADDRESS	CITY/TO\	VN	STATE Z	IP CODE	
	MAIL DOCU TO: PO BO	PT OF REVENUE AD MENT PROCESSING DX 637 CORD NH 03302-06	DIVISION	Enclose, but do n	te to: STATE OF NEW Hoot staple or tape, you. Do not file a \$0 e	our payment	